

STANDARD CERTIFICATE OF DEATH

43535

State File No.

FILED JAN 13 1951

BIRTH NO.		REG. DIST. NO. <u>118</u>		PRIMARY REG. DIST. NO.		Registrar's No.	
1. PLACE OF DEATH a. COUNTY <u>Gasconade</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Gasconade</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural</u>		c. LENGTH OF STAY (in this place) <u>unknown</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural</u>		0370	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Elk Lodge</u>				d. STREET ADDRESS (If rural, give location) <u>Elk Lodge</u>			
3. NAME OF DECEASED (Type or Print) <u>Maude Groom</u>				a. (First)		b. (Middle)	
c. (Last) <u>Groom</u>				4. DATE OF DEATH (Month) (Day) (Year) <u>12 - 16 - 50</u>			
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never married</u>		8. DATE OF BIRTH <u>Apr. 10, 1878</u>	
9. AGE (In years last birthday) <u>72</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Secretary</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>-----</u>		11. BIRTHPLACE (State or foreign country) <u>Philadelphia, Pennsylv.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		13a. FATHER'S NAME <u>Peter Groom</u>		13b. MOTHER'S MAIDEN NAME <u>Elizabeth Young</u>		14. NAME OF HUSBAND OR WIFE <u>None</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>499-26-2682</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Emily Piquet</u>		ADDRESS <u>Elk Lodge Gasconade</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute coronary thrombosis</u> INTERVAL BETWEEN ONSET AND DEATH <u>Immediate</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>None</u> 4201			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from _____, 19____, to <u>12-16, 1950</u> , that I last saw the deceased alive on _____, 19____, and that death occurred at <u>7:30 P.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Paul A. Bunn, M.D.</u>				23b. ADDRESS <u>Orcasville, Mo.</u>		23c. DATE SIGNED <u>12-28-50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>12-19-50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Cahery Cem</u>		24d. LOCATION (City, town, or county) (State) <u>St Louis MO</u>	
DATE REC'D BY LOCAL REG.		REGISTRAR'S SIGNATURE <u>[Signature]</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u>		ADDRESS <u>St James mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

File No. _____
DISTRICT HEALTH OFFICE No. 4

MAR 26 1951 JAN 8 1951

RECEIVED

MAR 7 1951

MAY 14 1953

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

JAKE NELSON

working under my personal supervision.

Student Embalmer No. 386

Signed Jake Nelson
Student Embalmer

Signed _____

Oscar E. Licklider

Licensed Embalmer No. 3946

P. O. Address 24 Jensen Ave

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.